

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Fresenius Medical Care North America PAC

ADDRESS (number and street) ▼

801 Pennsylvania Avenue, NW

Suite 255

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00401299

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric Bishop

Signature of Treasurer

Eric Bishop

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		93762.04
(b) Cash on Hand at Beginning of Reporting Period.....	74248.96	
(c) Total Receipts (from Line 19)	20178.00	128225.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	94426.96	221987.07
7. Total Disbursements (from Line 31)	542.87	128102.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	93884.09	93884.09
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18322.83	100515.77
(ii) Unitemized	1855.17	27189.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20178.00	127705.40
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20178.00	127705.40
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	519.63
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	20178.00	128225.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20178.00	128225.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	542.87	2102.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	542.87	2102.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	126000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	542.87	128102.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	542.87	128102.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20178.00	127705.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20178.00	127705.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	542.87	2102.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	542.87	2102.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 33
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Roland Levin

Mailing Address 2637 Shadelands Dr

City State Zip Code
 Walnut Creek CA 94598-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Fresenius Medical Care NA Systems Development Mgr

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt

08 / 03 / 2015

Transaction ID : 9355991

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Lisa Dombro

Mailing Address 927 Prairie Avenue

City State Zip Code
 Park Ridge IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Fresenius Medical Care NA Senior Vice President

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 3269.27

Date of Receipt

08 / 31 / 2015

Transaction ID : PR110048118623

Amount of Each Receipt this Period

384.62

P/R Deduction (\$384.62 Monthly)

Full Name (Last, First, Middle Initial)

C. Tracey E Ramsey Abbott

Mailing Address 8620 Burnet Rd, Suite 400

City State Zip Code
 Austin TX 78757

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Fresenius Medical Care NA RN COM

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR117492318623

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

824.62

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 7 OF 33
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Stephanie DeFranco

Mailing Address 525 Sycamore Drive

City	State	Zip Code
Milpitas	CA	95035

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, New Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR117492618623

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

B. Kathleen Kawa

Mailing Address 90 Glacier Avenue

City	State	Zip Code
Westwood	MA	02090

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Director of Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR117493018623

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Julia Brennan

Mailing Address 8 King Road

City	State	Zip Code
Rockleigh	NJ	07647

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Business Relations Spectra Labs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR117493518623

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

166.92

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Donald N Cantalupo

Mailing Address 100 Patterson Plank Rd, #313

City State Zip Code
 Jersey City NJ 07307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RSM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR117601818623

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Nelson Coimbre

Mailing Address 2219 Hollywood Blvd, Suite 101

City State Zip Code
 Hollywood FL 33020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Construction Estimator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.27

Date of Receipt

08 / 31 / 2015

Transaction ID : PR117601918623

Amount of Each Receipt this Period

34.62

P/R Deduction (\$34.62 Monthly)

Full Name (Last, First, Middle Initial)

C. Michelle Cowens

Mailing Address 516 Goldenwest

City State Zip Code
 Huntington Beach CA 92648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, Physician Practice Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

08 / 31 / 2015

Transaction ID : PR117602018623

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

161.54

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Robert D Crick

Mailing Address 3501 Moyers Circle, Suite 200

City	State	Zip Code
Masonic Home	KY	40041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR117602118623

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Joseph H Johnston

Mailing Address 920 Winter Street

City	State	Zip Code
Waltham	MA	02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr VP of Biomedical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR117602318623

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Jeffrey Perritano

Mailing Address 111 E Elizabeth

City	State	Zip Code
Clinton	NC	28328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR117631418623

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

118.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Joseph Ruma

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Development Acquisitions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR120637118623

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Brian Silva

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP, Human Resources & Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

08 / 31 / 2015

Transaction ID : PR124957118623

Amount of Each Receipt this Period

384.62

P/R Deduction (\$384.62 Monthly)

Full Name (Last, First, Middle Initial)

C. Marion Andersen

Mailing Address 475 West 13th Street

City State Zip Code
Ogden UT 84404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Principal Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR127647318623

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

484.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Grant Asay

Mailing Address 1421 Champion Forest Ct

City State Zip Code
 Wheaton IL 60187

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR127647418623

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Cynthia LaMunyon

Mailing Address 225 E. Germann Road #230

City State Zip Code
 Gilbert AZ 85297

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr. Director of Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR127647918623

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

C. William McKinneyMailing Address 2901 Via Fortuna, Suite 600
Suite 600

City State Zip Code
 Austin TX 78746

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, Fresenius Health Partners

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR131002818623

Amount of Each Receipt this Period

140.00

P/R Deduction (\$140.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

208.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Christine Hilado Klopp

Mailing Address 516 W. 5th Avenue

City	State	Zip Code
Naperville	IL	60563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinic Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR131003318623

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Alexander Turfe

Mailing Address 920 Winter Street, Suite 4346

City	State	Zip Code
Waltham	MA	02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR131193818623

Amount of Each Receipt this Period

230.78

P/R Deduction (\$230.78 Monthly)

Full Name (Last, First, Middle Initial)

C. Douglas G. Kott

Mailing Address 211 Claybook Rd.

City	State	Zip Code
Dover	MA	02030-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR78835818623

Amount of Each Receipt this Period

384.60

P/R Deduction (\$384.60 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

765.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Nicholas Brownlee

Mailing Address 12 Deer Grass Ln

City	State	Zip Code
Acton	MA	01720-4755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President SRM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR78836518623

Amount of Each Receipt this Period

384.60

P/R Deduction (\$384.60 Monthly)

Full Name (Last, First, Middle Initial)

B. Wendy Schrag

Mailing Address 625 Medical Center Dr

City	State	Zip Code
Newton	KS	67114-8780

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, Advocacy & Gov Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR78837418623

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Robert P. Loeper

Mailing Address 10431 Oakbrook Dr

City	State	Zip Code
Tampa	FL	33618-5352

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR78837518623

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

491.52

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Allen Mills

Mailing Address 129 West Trade Street, Suite 1050

City	State	Zip Code
Charlotte	NC	28202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR78837918623

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

B. James Pearce

Mailing Address 5212 Blackhawk Dr

City	State	Zip Code
Danville	CA	94506-5863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RQM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR78838118623

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Monica Cobb

Mailing Address 5251 Dtc Pkwy Suite 500

City	State	Zip Code
Greenwood Village	CO	80111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR78839118623

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

145.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Erma Hall

Mailing Address 3850 N Causeway

City State Zip Code
 Metairie LA 70002-4719

FEC ID number of contributing federal political committee.

C

Name of Employer
 Fresenius Medical Care NA

Occupation
 VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR78839618623

Amount of Each Receipt this Period

76.00

P/R Deduction (\$76.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Deborah Harvey

Mailing Address 1602 Hampton Oaks Bnd

City State Zip Code
 Marietta GA 30066-4451

FEC ID number of contributing federal political committee.

C

Name of Employer
 Fresenius Medical Care NA

Occupation
 Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR78839718623

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Donna McCarthy

Mailing Address 5251 DTC Parkway, Suite 500

City State Zip Code
 Greenwood Village CO 80111

FEC ID number of contributing federal political committee.

C

Name of Employer
 Fresenius Medical Care NA

Occupation
 Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR78839918623

Amount of Each Receipt this Period

230.76

P/R Deduction (\$230.76 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

606.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Liam Walsh

Mailing Address 5809 Chatham Ln

City State Zip Code
 The Colony TX 75056-7109

FEC ID number of contributing federal political committee.

C

Name of Employer
 Fresenius Medical Care NA

Occupation
 VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1139.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR78840018623

Amount of Each Receipt this Period

134.00

P/R Deduction (\$134.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Kim Sonnen

Mailing Address 240 S Madison St

City State Zip Code
 Denver CO 80209-3010

FEC ID number of contributing federal political committee.

C

Name of Employer
 Fresenius Medical Care NA

Occupation
 SVP Marketing & Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR78840118623

Amount of Each Receipt this Period

260.00

P/R Deduction (\$260.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Paul Zabetakis

Mailing Address 920 Winter Street
 Suite 303

City State Zip Code
 Waltham MA 02451

FEC ID number of contributing federal political committee.

C

Name of Employer
 Fresenius Medical Care NA

Occupation
 President, RRI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR78840518623

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

470.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Anthony Hayes

Mailing Address 100 Galleria Parkway, SE Suite 500
 Suite 500 - 5th Floor

City State Zip Code
 Atlanta GA 30339-7004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR78840718623

Amount of Each Receipt this Period

62.00

P/R Deduction (\$62.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Steven P Covino

Mailing Address 6 Williams Street

City State Zip Code
 Waltham MA 02453-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

817.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR78849518623

Amount of Each Receipt this Period

96.16

P/R Deduction (\$96.16 Monthly)

Full Name (Last, First, Middle Initial)

C. Carol A Ernst

Mailing Address 22370 N 64th Ave

City State Zip Code
 Glendale AZ 85310-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR78850018623

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

235.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Matthew D Kinser

Mailing Address 750 Old Hickory Blvd Suite 230
 Suite 230

City State Zip Code
 Brentwood TN 37027-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
VP Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR78851518623

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

B. Donna M Painter

Mailing Address 105 W 7th Avenue Suite 1000
 Suite 1000

City State Zip Code
 Corsicana TX 75110-6449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR78852418623

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Lawrence Park

Mailing Address 920 Winter Street

City State Zip Code
 Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
VP, EHS & Risk Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

973.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR78852518623

Amount of Each Receipt this Period

973.20

P/R Deduction (\$973.20 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1080.12

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 19 OF 33
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Charles E Brown

Mailing Address 4640 Glen Coe Street

City

Leesburg

State

FL

Zip Code

34748-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR78853618623

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Mark R Fawcett

Mailing Address 100 Franklin Street

City

Arlington

State

MA

Zip Code

02474-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR78855818623

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

C. Nicole DevoreMailing Address 801 Pennsylvania Ave NW Suite 225
Suite 225

City

Washington

State

DC

Zip Code

20004-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR78857518623

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

116.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 33
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Jayme Patterson

Mailing Address 475 West 13th Street

City State Zip Code
Ogden UT 84404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR78859018623

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Judith Moran

Mailing Address 2201 South Clinton Ave 2nd Floor
2nd Floor

City State Zip Code
South Plainfield NJ 07080-1473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

08 / 31 / 2015

Transaction ID : PR78860018623

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

C. Robert Sepucha

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

08 / 31 / 2015

Transaction ID : PR78860818623

Amount of Each Receipt this Period

384.62

P/R Deduction (\$384.62 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

463.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Sandra Geraci

Mailing Address 262 Berenger Walk

City	State	Zip Code
West Palm Beach	FL	33414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR78862918623

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Michael Ramsey

Mailing Address 4 Cubs Path

City	State	Zip Code
Hopkinton	MA	01748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR78863118623

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

C. Geronia F Parlier

Mailing Address 6100 Dutchmans Lane, 8th Floor

City	State	Zip Code
Louisville	KY	40205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP UltraCare Customer Connection

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR79795918623

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

156.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Jenny Lee Fischer

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR79796518623

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Michelle Gazella

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR79796718623

Amount of Each Receipt this Period

27.00

P/R Deduction (\$27.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Terry L Ketchersid

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR79797618623

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

265.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Manikandan Pandi

Mailing Address 920 Winter Street

City	State	Zip Code
Waltham	MA	02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR79798318623

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Catherine Dubinsky

Mailing Address 920 Winter Street

City	State	Zip Code
Waltham	MA	02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Operations Integrity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR81310818623

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

C. Christopher Fonvielle

Mailing Address 920 Winter Street

City	State	Zip Code
Waltham	MA	02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR81310918623

Amount of Each Receipt this Period

24.00

P/R Deduction (\$24.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

139.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. William Fink

Mailing Address 32 Hartwell Ave

City Lexington State MA Zip Code 02451

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP, ITG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR83067518623

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Charles Lynch

Mailing Address 801 Pennsylvania Ave NW Suite 225

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4960.57

Date of Receipt

08 / 31 / 2015

Transaction ID : PR85848818623

Amount of Each Receipt this Period

4960.57

P/R Deduction (\$4960.57 Monthly)

Full Name (Last, First, Middle Initial)

C. Edda Spinelli

Mailing Address 511 N Brookhurst Street, Suite 100
Suite 100

City Anaheim State CA Zip Code 92801

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR87330318623

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5100.57

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Mignon Early

Mailing Address 124 Verdae Blvd

City State Zip Code
 Greenville SC 29650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR87330418623

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Nancy Diane Carter

Mailing Address 1607 Revella Arch

City State Zip Code
 Chesapeake VA 23322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Physician Contracting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR93418918623

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. William Crawford

Mailing Address 100 Galleria Parkway, Suite 1200

City State Zip Code
 Atlanta GA 30339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

08 / 31 / 2015

Transaction ID : PR93419118623

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

148.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 33
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Steve Shaw

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR93420918623

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Mary Jo Davis

Mailing Address One Westbrook Corporate Ctr, Suite

City State Zip Code
Westchester IL 60154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR93696518623

Amount of Each Receipt this Period

24.00

P/R Deduction (\$24.00 Monthly)

Full Name (Last, First, Middle Initial)

C. James Easterbrook

Mailing Address 4646 N Greenview Ave #10

City State Zip Code
Chicago IL 60640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR93696618623

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

94.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. David Gillon

Mailing Address 100 Galleria Drive, Suite 500

City	State	Zip Code
Atlanta	GA	30080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR93697218623

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Jeffrey Hymes

Mailing Address 750 Old Hickory Blvd, Suite 230

City	State	Zip Code
Brentwood	TN	37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR93697818623

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Gordon Jee

Mailing Address 32 Hartwell Ave

City	State	Zip Code
Lexington	MA	02421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr Manager, Product Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR93698018623

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

276.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. William Perry

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR93698918623

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Peter Sauer

Mailing Address 920 Winter Street

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President - Fresenius Health Partner

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR93699518623

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Barbara Williams

Mailing Address 5251 DTC Parkway, Suite 700

City

Greenwood Village

State

CO

Zip Code

80111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

259.53

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR93700218623

Amount of Each Receipt this Period

16.00

P/R Deduction (\$16.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

176.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 29 OF 33
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Michael Brosnan

Mailing Address 61352 Bad Homburg, VHD

City	State	Zip Code
Germany	ZZ	99999

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4934.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR94193118623

Amount of Each Receipt this Period

4934.96

P/R Deduction (\$4934.96 Monthly)

Full Name (Last, First, Middle Initial)

B. David Cariello

Mailing Address 2219 Hollywood Blvd, Suite 101

City	State	Zip Code
Hallandale	FL	33009

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP of Real Estate & Construction Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR94193218623

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

C. Andrew Holstein

Mailing Address 630 West Germantown Pike, Suite 10

City	State	Zip Code
Plymouth Meeting	PA	19462

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR94193318623

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

5046.88

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Patrick McCarthy

Mailing Address 82 Belcher Dr

City	State	Zip Code
Sudbury	MA	01776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Transaction ID : PR94193618623

Amount of Each Receipt this Period

240.00

P/R Deduction (\$240.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Jayanta Ray

Mailing Address 5215 N. O'Connor Blvd, Suite 1100

City	State	Zip Code
Irving	TX	75039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Transaction ID : PR94193718623

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Joseph Winslow

Mailing Address 920 Winter Street

City	State	Zip Code
Waltham	MA	02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Quality Systems & Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Transaction ID : PR94194118623

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

370.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. John Baldasaro

Mailing Address 32 Hartwell Ave

City

Lexington

State

MA

Zip Code

02421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP ITG Revenue Systems

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : PR94305118623

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Beth Britton

Mailing Address PO Box 113

City

Graham

State

NH

Zip Code

03753

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RN, Clinical Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : PR94305218623

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Maria Burke

Mailing Address 129 West Trade Street, Suite 1050

City

Charlotte

State

NC

Zip Code

28202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Strategic Planning

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : PR94305318623

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

140.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Terri Carlton

Mailing Address 1534 N Hoskins Road

City State Zip Code
 Charlotte NC 28216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Area Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR94305418623

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Michael Tully

Mailing Address 920 Winter Street

City State Zip Code
 Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Mgr Corp Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR94307518623

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

68.46

18322.83

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Fresenius Medical Care North America PAC

The image shows three 16-pin D-sub connectors. The first connector is labeled 'M08' and has two pins labeled 'M'. The second connector is labeled 'D04' and has two pins labeled 'D'. The third connector is labeled 'Y2015' and has four pins labeled 'Y'.

Category/
Type

542.87

Bank Service Charge

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

542.87

542 87